

WRITE PLAINLY WITH UNFADING INK—THIS IS A PRELIMINARY RETURN. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. **134**

Registered No. **52**

1. PLACE OF BIRTH

County **Pima**

State **Arizona**

District or Township

or Village

City **Miami**

No. **38 Mexican Canyon**

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Felipe de Jesus Aguirre

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

male

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth

Feb 5 1928
Month Day Year

8.

FATHER

Full name

Thomas Aguirre

14.

MOTHER

Full maiden name

Maria Cruz

9. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

15. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday

28

(Years)

16. Color or race

Mexican

17. Age at last birthday

18

(Years)

12. Birthplace (city or place)

(State or country)

Mexico

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

**Miner
Copper**

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child).

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was

alive

at

19

m. on the date above stated.

(Born alive or stillborn)

Signature

J. J. Miller

MD

(Physician or midwife)

Given name added from
a supplemental report

Month, day, year

Address

Miami, Arizona

Filed

Feb 15 1928

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Registrar.

Registrar.

615-205-439